

WY
600
J38c
1857

JARVIS

CRIMINAL INSANE: INSANE TRANSGRESSORS
AND INSANE CONVICTS.







184
6

CRIMINAL INSANE :

INSANE TRANSGRESSORS AND INSANE CONVICTS.

BY EDWARD JARVIS, M. D.,

OF DORCHESTER, MASS.

235-29

UTICA, NEW YORK.

1857.

W

600

J38c

1857

Film no. 2597, no. 4

CRIMINAL INSANE.

INSANE TRANSGRESSORS AND INSANE CONVICTS.

ANY perversion of the moral or the mental machine of humanity renders it unavailable and useless, oftentimes troublesome, and even dangerous. A criminal is at least unsafe, and needs to be confined to secure the public from danger. An insane man is at least useless, generally burdensome, and sometimes destructive, and must be under guardianship if not in custody, for his own good if not for that of the community. But the combinations of both of these derangements, the moral and the mental, in one and the same person, creates the worst of human beings, the most objectionable, and the most friendless, and no adequate and satisfactory provision has as yet been made for him in any state or country.

The world, in all stages of its civilization, has made provision for the residence and custody of the criminal; and however great his injuries to his fellow-men, the prison is open to him: there he finds his home, and there the officers and watchmen are prepared to receive and care for him. The insane man, however violent his mania, or low his dementia, finds a suitable home in the hospital: there the officers are ready and willing to receive, watch over, and protect him, and make him as comfortable as the nature of his malady will permit. These homes of the criminal and the lunatic respectively have been changed and im-

proved from age to age ; but each generation has come up to its own ideal in this respect, and done the best for them that the intelligence and means of the time and place allowed.

But the insane criminal has nowhere any home : no age or nation has provided a place for him. He is everywhere unwelcome and objectionable. The prisons thrust him out ; the hospitals are unwilling to receive him ; the law will not let him stay at his house, and the public will not permit him to go abroad. And yet humanity and justice, the sense of common danger, and a tender regard for a deeply degraded brother-man, all agree that something should be done for him—that some plan must be devised different from, and better than any that has yet been tried, by which he may be properly cared for, by which his malady may be healed, and his criminal propensity overcome. This dissatisfaction with what has been hitherto done for this class of insane law-breakers seems to be universal, and a desire, amounting in many to an earnest longing for something better, seems almost as extensive and increasing, and yet nothing has any where been done.

In this state of ungratified hope, while every thing is wanted and nothing is gained, it may be well to take a survey of the whole matter, examine the present condition of this class in all their relations, see what has been done for them, and consider the plans that have been proposed for their improvement.

DEFINITION OF TERMS.

It may be well, before proceeding farther, to determine who are included in the class now under consideration, and what is meant by the term "*Criminal Insane*," which is commonly used to describe them. This term is indiscriminately applied to two classes of persons, who, although they may have committed the same acts prohibited by the law, yet differ very materially in their moral condition and their responsibility. One class includes those who committed crimes when they were sound in mind and in full possession of their reason, who were tried, convicted, and imprisoned, and endured a part, at least, of their punishment, when they were in the same mental condition. But while they were undergoing their sentence, and paying the penalties of the law in the prison, they became insane. Their mental disorder had nothing to do with their criminal acts. It was not put into the

plea, either as an excuse for the offense or in mitigation of punishment, that they were unsound in mind, and therefore morally and legally irresponsible. But their malady was a subsequent event, and its influence could not be traced backward to instigate the crime, for that was an act of free agency, and of an untrammelled mind. As these were convicted of crime before they were deranged, they belong to the class of criminals, and to a special or subordinate division of the insane. We will therefore designate them by the term, "*Insane Convicts.*" The other class may have committed the same illegal acts as the insane convicts. They are generally homicides or incendiaries, or they have assaulted and injured their fellow-men, or otherwise have been dangerous to the public safety. But their insanity preceded their illegal and injurious acts, and is presumed, by the mercy of the law, to have been its cause. They are therefore held to be irresponsible for their acts; they are not to be convicted of them nor punished for them as crimes.

In some nations the law is very explicit and exculpatory, and directs the courts and juries to discharge those who may be accused before them, if they shall be proved to have been insane when the act in question was committed.

Inasmuch as a man bereft of his reason is incapable of judging between right and wrong, in respect to the act for which he may be arraigned, or inasmuch as he may be driven to it by some irresistible impulse, he could not have committed it with a preconceived malice, and, therefore, he should not be convicted of criminal intent, which is the essence of guilt. For the want of a better term we shall designate this class as the "*Insane Transgressors.*"

In the eyes of humanity, of morality, and of the law, here are two widely different classes, although they may have committed the same acts when they were abroad, and may now be in the same mental condition, for both are transgressors of the law and both are insane. One class committed crimes when their minds were clear, and they knew what they were doing, when they were free to choose and act, and they could understand, and should have been influenced by, the ordinary motives of right. Their subsequent insanity had no mere connection with their crimes than any other disease, as dysentery or fever, which may have come upon them afterwards in prison.

In the other class the mental disorder preceded the illegal acts, and

is supposed to have been their cause. It deprived the transgressors of the power of discriminating between right and wrong, or impelled them to the dangerous or destructive deeds; they were, therefore, not free agents. The former is guilty, though now insane. The latter is guiltless, although a transgressor of the law. Both of these classes are usually included in the single term of "Criminal Insane;" yet the English writers seem to include the latter mostly, and the Americans the former in their descriptions.

The British Commissioners in Lunacy, in their eighth report, for 1854, page 46, say :

"Criminal lunatics, according to the existing law, may be divided generally into the following three classes :

"I. Persons indicted, tried, and acquitted on the ground of insanity; in other words, as having committed the act charged while insane, and legally irresponsible for the same.

"II. Persons indicted, and found, on arraignment (by a jury specially impaneled), to be insane, and mentally incapable of pleading, and who, consequently, are not tried, but remitted to custody for future trial, when recovered from their mental malady.

"III. Persons who, while in prison, under sentence of a criminal court, or upon summary conviction before justices, or committed as vagrants, or for want of sureties, are found to be, or have become insane."

We would include the second and third of these divisions in one, for they were both sane when they committed their illegal acts. The first class will be the same as ours of "Insane Transgressors." Both of these classes are arrested and in the custody of the public authorities. Both are deemed to be dangerous to the peace and safety of the community. The insane convicts are dangerous on account of their criminal propensity, which has led them to commit crime, and may lead them to the same again. The insane transgressors are dangerous on account of their insanity, which has impelled them to injurious acts, and may impel them to do so again. The danger of the former is in his soundness of mind; the danger of the latter is in his mental derangement. If the former is restored to health, he is all the more unsafe, and must be remanded to prison, if in a hospital; if the latter is restored, he is safe, and may return to his friends and enjoy his liberty in the bosom of society.

These classes of the insane have, for a long time, been a stumbling-block to those who have had the charge of them; and with the in-

creasing intelligence and philanthropy they do not become any less so. But whatever difficulties may surround this subject, it cannot be overlooked; and however objectionable these patients may be to every sort of officer or guardian, medical or legal, they cannot be neglected; society must, in some way or other, watch over and provide for them. They cannot take care of themselves; they must not be cast out and thrown upon the charities of the world; they should not be permitted to go freely abroad. Yet, what shall be done for or with them, is at least a doubtful question in the minds of those who are responsible for them, and this question many are painfully anxious to settle.

DISPOSITION OF INSANE TRANSGRESSORS.

The violent and destructive insane, having already committed some act injurious to persons or property, are dangerous men, and must be restrained, at least for the good of the public, if not for their own. The peace and safety of the community demand that they be confined, and prevented from doing any further harm.

SOME INSANE TRANSGRESSORS PUNISHED MORE THAN SANE CONVICTS.

In most civilized countries, perhaps in all, such dangerous men as are here described are committed to prison at first; and these abodes of the willfully wicked are thus frequently made the temporary residence—sometimes the protracted, or even the permanent residence—of those whom the law expressly declares to be, “not guilty of crime by reason of their insanity.” More than this, it is a singular result of the inequality or imperfection of judicial administration that the insane man, who has committed acts of violence against persons or property, homicide, or other infraction of the law, without malice or evil intent, is punished more than the maliciously willful perpetrator of the same unlawful acts. The latter, the real criminal, is sentenced to prison for a definite period, proportioned to the nature and heinousness of his crime. At the end of this period he is set at liberty and allowed to go where he may please. But the insane man, without conviction of crime, or even form of sentence, is sent to the same prison and there confined indefinitely, or so long as his mental disorder may remain upon him and make it apparently unsafe for the public to allow him to go at large.

Thus, some of these violent patients have been imprisoned for ten, twenty, or even thirty years, and perhaps longer, not unfrequently for

life ; and, in all this time, subjected to the same restrictions and privations that are intended for the punishment of the guilty.

If the patient is lucky enough to get well in his prison-house, then the law lets go its hold on him, and he is set free as other men. This is better than they do in some other countries. A writer in the *Psychological Journal*, of London, for October, 1855, says, on pages 464, 465, and 467 :

“In England, in criminal cases, an acquittal on the ground of insanity is tantamount to perpetual imprisonment—and imprisonment, too, under the most degrading, humiliating, and painful circumstances. Whilst under the affliction of dire disease, destroying all power of rational thought and self-control, and that, too, when the mind is often tortured by wild and terrible phantasies, an overt act of crime is committed.” “The jury, fully recognizing the irresponsibility of the prisoner, acquit him of the charge.” “His attack of insanity, provocative of the offense for which he was tried, may have been temporary and transient in its character—similar, for illustration, to that of puerperal mental derangement. The law, however, in its profound wisdom, recognizes amongst criminal lunatics no distinction of classes. A man once criminally insane, continues so for the term of his natural life. A recovery is viewed as an impossibility, and liberation from restraint highly dangerous to the safety and welfare of society.”

“The law pretends to acquit on the ground of irresponsibility, induced by diseased brain and disordered mind, *and yet punishes those so acquitted with the severest penalty short of actual death on the scaffold.*”

SENT TO HOSPITALS.

Whenever States have opened hospitals for their insane, they have usually transferred a part or the whole of this class of patients from their prison-houses to the new and appropriate institutions, and there offered them the means of restoration, or of better protection in common with other patients. But, in the progress of the world, the attention to the wants of the insane, and the demand for hospital accommodations have generally increased faster than the governments or people have supplied them. These institutions are filled with patients, and still pressed with applications for the admission of others, who need, but cannot be admitted, to enjoy these privileges, for want of room. It is common thus to send away some of the old and incurable cases to

make room for the recent and curable patients, who can profit more from these opportunities of healing. As these insane law-breakers, if unrestored, are still supposed to be dangerous to the public safety and peace, they are again remanded to the jails, and there remain until, perhaps, some lucky change in their malady may render them manifestly harmless, or until death shall end their disease with their life. The law usually extends the same tender mercy to the new cases of this class; and whenever any insane homicide, incendiary, or other dangerous transgressor, who may have committed, or attempted to commit, any overt illegal act, is brought before the courts for trial, these administrators of the law are required to send him to the public hospital, if there be one, to be there treated like the other patients. If he recover, he is again set at liberty, and allowed to enjoy his former accustomed privileges, at home and in society. But if his disease defies the power and the art of the hospital to remove it, he, too, is frequently sent to the prison, there to take his smaller chance of restoration to health and freedom, and his greater chance of permanent confinement.

INSANE CONVICTS HAVE A CLAIM FOR THE MEANS OF CURE.

The insane convicts are originally in the hands of the officers of the law. They are in prisons when they become deranged. But although criminal, their insanity is a disease that needs to be, and probably may be, cured; and they have an undoubted claim upon the government for the suitable means of restoration. The law describes the punishment that shall be imposed for each kind of offense, and the courts measure this out in proportion to the aggravation of the crime. They intend to inflict just so much, and no more. These punishments are usually privation of liberty and of privileges, confinement and hard labor; and in some countries stripes and blows have been, and perhaps are now, included. The law proposes to deprive the prisoner of the present use of some of his powers; but it does not intend to destroy them. Maiming, if practiced any where, is left to barbarous tribes. Civilized nations have long since forbore to mutilate the body or limbs, or annihilate any of the powers that the benevolent Creator has granted to man.

Although justice claims a right to control and even appropriate some of the faculties of the convict, during the period of sentence, yet she promises to restore them all to him, in good condition, when he shall have finished the term assigned for his punishment. Moreover, she not

only disclaims all right to destroy any of the culprit's powers by any direct or voluntary act on her part, but acknowledges the obligation to prevent this happening from any accident or neglect, and to watch with almost a maternal care over convicted offenders, and protect them from every circumstance and evil influence that would impair their powers or their health. Therefore the prisons, and all connected with them,—yards, air, temperature, diet, employments, discipline, &c.,—are intended to be as favorable to health as other abodes and conditions of life. And when diseases happen, or accidents occur to their inmates, as they may to others at their homes, the law provides the usual means of relief—rest, physicians, surgeons, nurses, medicines, appropriate food, every thing that is required for similar cases abroad. If, from willfulness or negligence on the part of the government, or its officers or servants, any diseased or injured convict should be deprived of these means of healing, and should consequently lose the use of his eyes, or feet, or hands, or other bodily power, or have his energies impaired, or should die, it would be condemned as gross injustice ; for permanent blindness or lameness, or diminished vital force or death, was no part of the punishment intended by the law, or assigned by the courts to those who are compelled to suffer in the manner, and to the extent described in the judgment.

Diseases of the brain come under the same category as those of the body. They are usually temporary if they are properly attended to—they are permanent if they are neglected. If, then, a convict be attacked with insanity, justice cannot allow the conditions which she establishes for his discipline, to prevent him from enjoying the means of restoration that he would have obtained if he had been at liberty abroad ; for although confinement and labor were very properly and justly ordered as a punishment for his crime, yet it was not the intention of the law or of the courts to add to these a permanent loss of reason. As the government engages to provide for the sick convicts the usual means of relief suited to each one's peculiar malady, whether it be fever, dysentery, rheumatism, or other ailment, in order to render the disease as short and as light as possible, so it should provide the usual and suitable means of treating those who are insane. Among these, separation from familiar scenes and associates, and the peculiar facilities of occupying the disordered mind and of controlling the wayward thoughts and emotions, ordinarily stand most prominent, and are

generally deemed indispensable. But these cannot be obtained for him within the walls and amidst the circumstances and associations of the prison. He needs to be separated from these familiar scenes and people, as much as other deranged patients do from their families and more favored and desirable homes.

In 1844, the Legislature of Massachusetts passed a law, requiring the insane convicts in the State prison to be sent to the State Lunatic Hospital. It created a commission, consisting of the prison physician, and the medical superintendents of the Worcester Hospital and the McLean Asylum, to investigate the cases of suspected insanity, and remove these patients to the place of healing. In 1856, the law was amended, so that this commission now consists of the prison physician and the superintendents of the state hospitals, including those of Worcester and Taunton, and will include the superintendent of the hospital at Northampton, when that institution shall go into operation. We believe a similar privilege is allowed to the insane convicts in most of the other states which have a hospital. Thus both of these classes of the criminal insane are found in most of our public hospitals. This is one step in the progress of humanity: certainly it is a step for these patients; for as the choice for them was between the prison which is unfit, and the hospital which is appropriate to their condition, there can be no question as to the worth of this privilege granted to them by the increasing mercy of the law.

A MAN CANNOT PROPERLY BE PUNISHED WHILE INSANE.

There is another element in this improved policy in the treatment of the insane convicts, which has an important bearing upon the punishment of crime, as a matter of retributive justice, or as a punitive or reformatory measure, and therefore should command the serious consideration of the humane administrators of the law and of the criminal philosopher. Insanity is presumed to take from the sufferer the power of discriminating between right and wrong: it makes him legally and morally irresponsible for his acts, although they may be infractions of the law, and exonerates him from guilt and punishment, even though he may have committed homicide or arson. This disease must produce the same effect on the mind, the reason, and the sensibility, after any act of violence as it does before it. It must have the same effect of destroying, lessening, or perverting the judgment and the conscience, the right perception of the nature and the relations of things, in the

imprisoned convict as it does in the free man abroad. If the honest citizen, when he becomes a maniac at home, cannot appreciate the true motives of action and the obligations of duty, nor be governed and restrained by them from killing his fellow-man, or perpetrating any other unlawful act, the convicted homicide, or other law-breaker, when he becomes a maniac in prison, is equally unable to appreciate the consequences of his misdeeds, or understand the nature and objects of his incarceration, or be influenced by it to establish better principles, to reform his life, or abstain from the repetition of his crimes. It is, then, manifestly unphilosophical, as well as inhuman, to inflict upon the convict any part of the just punishment for his crimes, while he is laboring under insanity. It cannot, then, effect any of the purposes for which it was appointed, nor answer the ends of justice. It will create or give force to no better motives of action; but, on the other hand, it may increase the energy of the disease, or diminish the recuperative power, and lessen, if not destroy, the hope of restoration.

It would seem, then, that when insanity seizes upon a convict, the law should let go its hold upon him as a criminal, and look upon him only as a patient whose mind is unsound, and treat him as such. The execution of judgment for crime should be suspended so long as reason may be dethroned; and when this shall be re-established and healthy consciousness again enlivened, the restored patient should again be deemed a criminal, and finish the measure of his sentence, as originally prescribed for him.

This suspension of punishment, as such, during the period of lunacy, and its completion after recovery, is a mere matter of justice to the convict, who ought not to be required to suffer needlessly. It is due to society, for that has a claim, that all the retributive dealings with the criminal should make him less its enemy and a more trustworthy and acceptable citizen. This is but the application of a principle of common prudence, practised in every-day life, not only to select the best means to effect our purposes, but to use them only under the conditions and circumstances that will give them the greatest efficiency.

THE INSANE CONVICT SHOULD NOT BE RETAINED IN PRISON AS A PATIENT.

If the insane convict should not be kept in prison as a criminal and for punishment, still less should he be confined there as a patient for cure or for custody. The prison is fitted for its purpose—the punish-

ment and reform of offenders. But, in as far as it is suitable for them, it is unsuitable for the diseased in mind. The form and arrangements of the buildings, the grounds, the officers, keepers, and guard, the regulations and discipline of the establishment are all selected in reference to a class of men whose mental health and liability are widely different from those of the insane. These are well adapted to the criminal's condition and wants. He can understand and be influenced by them. They supply him with motives of action, and keep him in a state of obedience for the time being, at least. But the prison and its circumstances, its men and laws, have no such controlling power over its insane inmates. They rather excite than subdue their already disturbed feelings, and their perverted understanding. They irritate more than they overcome. They strengthen rather than remove delusions.

Moreover, the prison and its authorities are not only unable to govern the insane prisoners as they should be, but the presence of even a few of these operates as a disturbing cause, and renders the whole administration more difficult and burdensome to those who have the general superintendence, and the immediate management of its people and affairs. The prison and the insane are mutually unadapted and unacceptable to each other, and both parties claim a separation. This seems now to be admitted. Few object to the claim, and deny that the patient should be removed from the jail. But whither shall he be carried? Where shall he find a suitable and a willing home during his derangement? This is a question more difficult to be solved even than the others; for the unfitness of the prison is manifest, but the fitness of any other place or establishment now in existence for the insane convict is yet to be shown.

INSANE CONVICTS IN HOSPITALS INJURIOUS TO HONEST PATIENTS.

It has been already stated that these patients are now generally removed to the hospitals. That at present seems to be necessary. There are only two kinds of establishments prepared with sufficient strength to retain uncertain and untrustworthy men. If, therefore, they are removed from the jail, they must go to the other. In so doing, the insane convict gains every advantage that humanity and science can offer; he obtains all the means of restoration that are granted to the honest and untainted patient. Looking at his interest alone, this measure must be considered a good one. But, looking at the interests of the other and innocent patients, who constitute the very great majority of

the inmates of these institutions, the mingling of these two classes together is at least a matter of questionable propriety, if not of certain wrong.

It is an established principle, in the management of the insane, that their natural and healthy sensibilities are not to be wounded, their reasonable opinions are not to be contradicted, and even their harmless notions and prejudices, their likes and dislikes, are not to be disturbed, except so far as may be necessary for the healing of their malady. So far as is consistent with the great object of their treatment, their usual tastes are to be indulged, their habits allowed, and their feelings gratified; and they should be called upon to undergo as few privations and to meet with as little denial of their proper wants as possible.

Moreover, the natural sensibilities are often exalted and the irritability increased in insanity. Some patients bear contradiction and mortification with less composure than they did in health; these are, therefore, to be treated with more tenderness and respect than others.

From the earliest childhood, nothing is more deeply impressed upon the mind than a reverence for the law of God and for the law of man, and also an abhorrence of those who willfully violate them. This feeling grows with our growth and strengthens through life. We loathe crime, we detest criminals; and we shrink from the very thought of the one and the contact with the other. Akin to this feeling is the anxiety which men manifest in the selection of their companions. In the associations of the world, men arrange themselves according to their character and their tastes, and seek and enjoy those who have feelings, opinions, or habits in common with themselves. The lines of distinction are everywhere drawn between those of one class and those of other classes. And though some are on the doubtful borders of honesty and crime, and some do not perceive, or are willing to overlook the difference, and others, from charitable or other motives, do not regard them, yet the separation between the honest and acknowledged criminal is broad and distinct, and is impassable in social life. All of these are natural and healthy feelings and sensibilities. They are or they should be at all times and everywhere cultivated. Society encourages and even demands this, and individuals cherish it as a part of the foundation on which their personal dignity and self-respect shall rest. These feelings are not lost in insanity; or, if they appear to be, they are only impaired or overborne by the malady, and are again to be restored. They are to be watched and sustained in their full energy if

they exist; they are to be nurtured and strengthened if they are disordered or weakened; but never, in any case, are they to be assailed, offended, or treated with disrespect.

The mingling of the honest and respectable patients, from the homes of cultivation, purity, and innocence, with the convicts from the prisons;—compelling the high-minded and self-respecting to associate with the guilty and the corrupt day by day, and month after month, to live together in the same house, the same halls and parlors, and eat at the same table with the acknowledged felon,—to be his companion and hear his vulgar and obscene language,—to listen to his low sentiments, attend to his jeers, his corrupting falsehood and tales of crime,—these must surely be, not merely offensive to the sensibilities of the purer class of patients, but must shock their feelings, and do violence to their natural and healthy sentiments. It is mortifying to their pride, and must be a great obstacle to their recovery. There is neither honesty nor propriety in requiring the insane man, who cannot govern himself or select his associates, to submit, in his weakness, to any indignity or mortification not necessary for his cure. But in all the stages of his malady he should be treated, as far as possible, with all the respect and deference that, in his health, is due to his character and station. And as he would not voluntarily associate with criminals, nor select his companions from the jails, when he could make his own selection, so he should not be required to live with them when he is mentally diseased.

INSANE CONVICTS DISTURB THE ADMINISTRATION OF HOSPITALS.

Beside the injury which is done to the innocent insane by compelling him to associate with the convicts, there is in the hospital and its whole administration an inherent objection to this mixture of these classes. The establishment is unavoidably a place of restraint; yet this must be as light as the several cases committed to it may require. The house is necessarily stronger than a common dwelling, yet it is important that it have as little of the air and appearance of a prison as possible. It is well to dispense with all means and show of coercion, thick walls, heavily-barred windows, iron doors, &c., that are not needed, and thus to make the whole appear to the inmates as cheerful, free and inviting as is consistent with its purposes.

The management of the hospital is subject to the same law. It should have none of the appearance of imprisonment, nor of suspi-

ciousness, but it should manifest as much confiding trust, and give the patients as much liberty as their disorders allow. In all ways they should be treated as weaker and suffering brethren requiring aid and sympathy and protection, rather than as prisoners that need to be watched and guarded lest they run away. It is not easy, perhaps not possible, to have a divided administration in the same hospital, nor to have any difference of treatment, or any separation or classification, except such as arise out of different manifestations of disease. Those of the same form of disorder, whatever may have been their previous history, must be arranged in the same halls together.

The criminal patients are frequently cunning and untrustworthy. Having been previously in prison, they are more accustomed to attempting escapes; and being doomed to return to their prison when their mental disorder shall be removed, they have a stronger and more urgent motive to use their present opportunities to get away. They are therefore uneasy and restless under the restraints of the hospital confinement. Wherever they are confined it is necessary that all the material arrangements of buildings, &c., should be stronger, and the discipline more severe and unrelaxing, the government more rigid, and fewer privileges and indulgences allowed, than would be requisite and proper in an establishment devoted exclusively to the honest class of patients. The presence of the convicts in the common hospitals renders the whole administration not only less comfortable to the others, who constitute the great majority of the inmates, but also less favorable to their recovery. The officers and attendants are troubled with doubts and disappointments. They cannot do that which they desire to do, and would do with advantage for the more trustworthy insane, because that would peril the safe custody and the control of the others. And while they are compelled to shape their plans to the liabilities or proclivities of the few, they feel that they are depriving the great body of those under their care of some of the means of recovery that they have a right to enjoy.

Even though the structure and discipline might be one and the same for all, yet these two classes do not harmonize well together, and both are made to suffer. The honest lunatic is disgusted and offended at the very sight of the other. He is often irritable, unbalanced, and indiscreet. He will taunt the convict with his crimes, and abuse and coarse ribaldry will be returned. Hence quarrels and criminations and recriminations are apt to arise and disturb the wards, where peace

alone should reign. Injury is then done to both parties : the convict is not improved, and the honest patient is made worse by this undesirable connection.

CHARACTER AND MANAGEMENT OF INSANE TRANSGRESSORS.

The other class of the criminal insane, whose misdeeds are due solely to their disordered mind, who have neither been tried for, nor convicted of crime, seems, in England, to be included in the same category with the felon, when any general complaints are made of the difficulty and trouble of managing them, and when any plans are proposed for their relief, and it is sometimes the same in this country. In America this class are generally supposed to have borne a good character, and to have been peaceable and acceptable citizens until their minds were deranged, when they were disposed to be violent or otherwise unsafe members of society. But in England they are supposed by some to be loose in their principles, irregular in their habits, and troublesome, and almost criminal, before they committed the overt acts for which they were arrested and confined.

Mr. Ley, the Superintendent of the Oxford and Berks Asylum, in his pamphlet, addressed to the secretary of the superintendents of insane asylums, says : "These patients are not criminal, neither are they pauper. This class of prisoners are commonly more vagrant and unsettled in their previous habits. They are of less honest or moral conduct previously to their insanity. They are more accustomed to a life of petty theft, or mischief; to resort to the lowest lodgings, or to be at night in the open air; they are publicly known, not as quiet, orderly persons, under misfortune, but persons of bad habit, example, company, and resort. The feeling of degradation in the association with them is not in the lunacy; it is in the known previous character, which is never expected to be converted, by madness, from worse to better. The addition of insanity to previous bad character creates instinctive revolt.

"The legally insane are not necessarily or generally brought to the legal question by the loss of mind, so much as by its perversion. They are of such conduct, that having escaped that amount of insanity which would have insured them the early protection of the county asylum, they are free to mischief by the doubt; they resist control; deny insanity or the justice of their detention; they have habits ready to

receive them; they can still get a living by the vice they practiced before they were insane; they yearn for licentious liberty."

In America, however good their character may have been, however peaceable and acceptable citizens they were before they became insane, yet, on account of their present destructive or injurious propensity, they must be restrained in their liberty for the public security. They are therefore sent at once to a prison and kept there until the courts determine what shall be done with them. This preliminary imprisonment is usually only temporary, yet, even if it be permanent, it has the advantage of separating the patient from his accustomed scenes and associates, and gives him this chance of recovery; but it affords none of the comforts and other alleviating influences that are needed for restoration to health. The prison is even more unfit for this guiltless transgressor of the law than it is for the convict, when deprived of reason. The guilty maniac is at least used to the place, and the discipline that governs it, and to the men that occupy it; but the honest maniac is shocked and excited by the new and offensive scenes and associates that he meets there; he is mortified by his position; he is disturbed by the idle and frivolous visitors, who love to see how the crazy man looks, and hear what strange things he may say—these aggravate his disorder and lessen his hope of recovery.

BOTH INSANE CONVICTS AND TRANSGRESSORS NEED TO BE HEALED, NOT IMPRISONED.

It appears then, that the dangerous, but honest insane, should not be sent to the prisons, nor should the convicted insane be retained there during the period of their disease. Among the people generally, and among men of science universally, it is admitted, that the violence and destructive propensity of the former, and the melancholy, dementia, or perversity of whatever sort, in the latter are disease and not crime, and can be healed in these patients as well as similar disorders in other and unsuspected and honest patients, provided they could enjoy the same appropriate means and influences. But as these means and influences have not been found and cannot be created in a jail, humanity, resolutely determined that this class of patients should suffer needlessly no longer, and the law, as if willing to compensate for past neglect, at whatever cost to others, have combined together and sent them to the hospitals.

THIS EXPERIMENT UNSATISFACTORY.

This experiment was satisfactory to the prison-keepers, for the relief to them was great and entire. It was satisfactory to the convict patients also, for they gained every thing and lost nothing. But it was very unsatisfactory to the hospital officers, for it increased their cares and disturbed their administration. It was peculiarly painful to the honest patients, for it compelled them to live with persons who were very offensive to them.

This experiment has now been tried for several years, both in Great Britain and in the United States, yet it has gained no new friends: on the contrary, it has lost many who favored it at first. The prison officers still rejoice in this relief from a disturbing element in their establishments, and the hospital managers find it none the less objectionable. But the friends of humanity and the people, who think of this matter at all, looking at the interests of the great majority of the inmates in the hospitals,—the respectable and untainted patients, are now convinced that although they did a good thing when they persuaded the law to take these patients out of the jails, they did a bad thing when they advised that they be sent to the other institutions.

OPINIONS IN GREAT BRITAIN.

The *Association of Superintendents of British Institutions for the Insane*, have unanimously petitioned Parliament to relieve them of this burden, and to establish a central criminal lunatic asylum for all this class of patients.

These Superintendents, individually, have endeavored, and are endeavoring, to create an influence that will bring about the same end. The British Commissioners in Lunacy, in eight of their ten reports to the Government, have urged this measure. They carefully investigated this matter; they cautiously formed their opinion, and they have perseveringly declared that these patients ought not to be put into the hospitals with others, but that some separate and appropriate establishment should be provided for them.

In their first report, that for 1844, they say:

“We entertain a strong opinion, that it is highly desirable that arrangements should be made for the separate care and custody of criminal lunatics.

“It is desirable that arrangements should be made with one or more public institutions, as Bethlehem Hospital, or that a separate class should be formed

in some convenient prison, so as to prevent their association, either with other prisoners or the inmates generally of lunatic asylums."—P. 199.

In their fourth report, for 1849, they say :

"The confinement of criminal patients in lunatic asylums of the ordinary description, as well with reference to their safe custody and the due protection of the public as with reference to the feelings of the general body of inmates, with whom, when under treatment, they must be associated there, is open to grave objections."—P. 12.

In that year the Secretary of State contracted with the proprietor of the Fisherton House to receive, in a separate ward, fitted for the purpose, twenty-four male patients, whose offenses have not been marked by circumstances of atrocity or violence.

In the fifth report, for 1850, they say :

"We entertain the same opinions which we expressed in our last report, relative to the class of insane patients termed state or criminal lunatics.

"Your Lordships are aware that the construction of lunatic asylums is so essentially different from that of prisons, that an effectual security against the escape of criminals cannot be provided without restricting the liberty of other patients, with whom they are necessarily associated, and materially interfering with that treatment and general arrangement which ought to be adopted for their benefit."—P. 16.

In their sixth report, for 1851, they say :

"We cannot allow this opportunity to pass without repeating the strong objections which, in common with the visiting justices and superintendents of asylums, we entertain, and have frequently expressed, both in our previous reports and in communications with the Home Office, to the committal of criminal lunatics to asylums not appropriated exclusively to them, and to their confinement and association with the ordinary inmates of those institutions."—P. 20.

In their seventh report, for 1852, they say :

"Since the last report we have given the subject [criminal lunatics] much consideration. Circulars were addressed to the Visitors of county lunatic asylums, and to the Superintendents and proprietors of hospitals and licensed houses, throughout England and Wales.

"The information sought to be obtained thereby was, first: A return of all the patients confined under the royal authority, or Secretary of State's warrants, or confined by order of justices, as persons apprehended under circumstances denoting derangement of mind, and a purpose of committing an indictable offense. Second: The observations and opinions of the several visiting justices, superintendents and proprietors of lunatic asylums, on

the subject of criminal lunatics generally, and more especially on the question of their association with the ordinary inmates of those establishments.

"The opinions as to the propriety of associating criminal with ordinary lunatics form the subject of numerous letters addressed to this Board.

"The main objections raised to the association of the two classes of patients are :

"I. That such association is unjust, and that it gives pain and offense to ordinary patients (who are generally very sensitive to any supposed degradation) and also to their friends.

"II. That its moral effect is bad, the language and habits of criminal patients being offensive, and their propensities almost invariably bad. That in cases of simulated insanity (which seem to be not infrequent) the patient is generally of the worst character; and that even where the patient is actually insane, the insanity has been often caused by vicious habits. That patients of this class frequently attempt to escape, and cause dissatisfaction and insubordination among other patients.

"III. That a necessity for stricter custody exists for one class than for the other, and that this interferes with the proper discipline, classification, and general treatment, and strengthens the common delusion, that an asylum is a prison.

"IV. That criminal patients concentrate attention on themselves, and deprive the other patients of their due share of care from the attendants.

"V. That the effect on the criminal patients themselves is bad; that they are taunted by the other patients, and are irritated on seeing such other patients discharged.

"These and other objections have been expressed by almost all the superintendents and proprietors of lunatic establishments in England."—P. 32.

In their eighth report, for 1854, they again urge :

"Continued experience and observation have tended to confirm the views expressed in the several reports, in respect to the criminal insane.

"We think it very important that ordinary asylums should be, in fact and character, considered and managed simply as hospitals for the medical and moral treatment of insanity. Residence therein should not be associated, in the minds of the inmates or their relatives, with the degrading ideas of criminality and imprisonment.

"Provision should be made for the separate custody, care, and treatment, in asylums exclusively appropriated to the purpose, of criminal lunatics of various classes, confined under the royal, or Secretary of State's warrants.

"The State asylums would, of course, be so constructed as to admit of the due classification of the inmates with reference to the nature of crime, mental state and habits, and previous conditions of life."—P. 45.

In their ninth report, for 1855, they add :

"Continued observation and inquiry have confirmed and strengthened the

views which we have for so many years submitted; and we now desire to express our regret that our statements and remarks have not, as yet, led to any practical result.”—P. 41.

Another year passed, and yet nothing was done. The Commissioners still urged the matter on the attention of the Government, and in their tenth report, submitted to the Lord Chancellor in March, 1856, they state :

“The important subject of criminal lunatics, and of the provision to be made for their separate care and treatment in a State asylum, continues to occupy the serious attention of the Board. As soon as the detailed inquiries in progress, relative to the criminal lunatics at present inmates of asylums, hospitals, licensed houses, and jails, shall have been completed, we shall be in a position, and we propose to submit to the Secretary of State for the Home Department some specific recommendations upon this pressing matter.”—P. 29.

It is to be hoped that such earnestness and perseverance of a body, so able and so highly qualified as this Board of Commissioners, will bring about some practical result. We shall look to their next report with confidence of finding some plan that may be not only useful and available in Her Majesty’s dominions, but also in the United States.

CRIMINAL INSANE HOSPITAL IN IRELAND.

This experiment has been tried in Ireland for about six years, and with good success. The British Commissioners in Lunacy, in their eighth report, for 1854, page 48, say : “The Central Asylum at Dundrum, near Dublin, which was established by Government, under the provisions of the Act, 8 and 9 Vict., was reported by the Inspectors, in their sixth report, 1853, after it had been in full operation six years, as having been eminently successful, and as having realized the object for which it was originally experimentally intended.”

The *Psychological Journal of Medicine* for October, 1855, says : “The Central Asylum at Dundrum, for the safe custody of insane persons charged with offenses in Ireland, has from its opening proved eminently successful. The number of patients amounts to 126. The admissions are restricted to cases of a grave character, or to those where, though the offenses might not be very serious in themselves, the offenders had evinced particularly dangerous symptoms or inveterate propensities of a criminal nature.”—P. 163.

This is the only experiment that has been fully and fairly tried, unless we except that of the Bethlehem Hospital in London, which,

laboring under some disadvantages, has not had a good opportunity to test the principle of separation of convict lunatics. Nevertheless, it has not been a failure there.

NO REMEDY YET PROVIDED.

There is no difficulty in establishing the impropriety of confining insane convicts in the common hospitals with the respectable and untainted patients, and there is an apparent wrong in placing the insane transgressors there; but it is far from easy to find a suitable remedy, which will meet their wants in the United States. Therefore, both here and elsewhere, the wrong-doers and the convicts, when mentally deranged, have been, and are, allowed to enjoy the usual means of relief in the common hospitals in company with other and innocent patients.

The friends of reform in this matter in Great Britain, although united as to its necessity, and supported by the Commissioners in Lunacy, and probably by men in high authority, and although they have been agitating the subject for more than twelve years, and urging it upon the Government, have as yet accomplished nothing.

OBSTACLES IN THE UNITED STATES.

These complaints, although freely made in this country, have met with no response from any of the powers that be, except in Connecticut, and a satisfactory way of relief is not discovered even in that, or in any other of the States.

Our National Government has no authority to make provision for the criminal and convict insane, nor even for any other except those in the District of Columbia and those that belong to the army and navy. The States severally provide for their own insane. Each builds its own hospitals, or otherwise administers its own charities. Hence arises a practical difficulty here, in the want of a sufficient number of criminal and convict patients in any State to justify the building and organizing an establishment expressly for them.

REMEDY MAY BE PROVIDED IN GREAT BRITAIN.

There is no such difficulty in Great Britain. By the law of the realm, the counties and the boroughs build their several insane hospitals, or in some other way provide the means of healing or protecting or guarding the patients that respectively belong to them. If these

counties and boroughs should attempt to make separate provision for their insane transgressors and convicts, they would find the same obstacle in the want of numbers as we do in the American States. But the same power that requires the counties individually to create their several hospitals, can of itself create one or more for any special class of insane.

Taking the whole of England, there would be found a sufficient number of the criminal insane to fill one or more hospitals. According to the last report of the Commissioners in Lunacy, dated March 31st, 1856, there were in thirty-four county and borough asylums and hospitals, and in eighteen licensed houses, in England and Wales, 559 criminal lunatics confined, either for treatment or for custody. It is probable that there were some, though perhaps only a few, of this class of patients in the prisons; but of these the report takes no cognizance. The 559 lunatics are enough to fill one very large hospital, and more properly two of suitable size for the best treatment, and to permit sufficient occupation for a complete corps of officers, attendants, servants, &c.

PROPOSED PLAN IN MASSACHUSETTS.

To meet these difficulties in this country, there have been two plans proposed in Massachusetts and Connecticut.

The late Commission on Lunacy in Massachusetts, in their report on the insane and idiots in that state, proposed that, at a future time, the Commonwealth provide a hospital especially for the state-pauper insane, who are almost all foreigners, and that in, or connected with, this establishment there should be a building, wing, or ward devoted exclusively to the criminal and convict patients; and that this department should be made strong, and provided with all the means of restraint and security that are needed for the safe custody of this class, and that the officers and attendants who should have the immediate charge of them should be fitted, by their character and habits, to meet the condition, tendencies, and liabilities of those under their care.

This plan would seem to meet the wants of this class, without interfering with the comfort or the prospects of the others that might be in the same institution. Yet it is only prospective, and contingent upon another, which it is not proposed to adopt for some time to come. And it is far from certain that the Legislature which shall be in power

at the suitable time will look upon the scheme with favor and put it in practice.

PLAN IN CONNECTICUT.

In Connecticut, the *Medical Society*, in 1855, feeling aggrieved at the custom of sending the insane convicts to the Retreat at Hartford, or of keeping them in prison, petitioned the Legislature to take the matter into consideration, to make inquiry as to the state and propriety of the facts, and see whether some relief might not be obtained for both of these institutions, as well as for the patients.

The Legislature granted the prayer of the petitioners, and created a commission, with directions to make this inquiry and to devise a plan for the better care of the insane convicts, if they should think a change should be needed.

The plan proposed by the Commission was described by one of the Board in a letter to the writer of this paper, and his criticisms and opinions as to its merits and feasibility were asked. This plan has since been put into execution at Weathersfield, and the establishment may now be nearly or quite ready for occupancy as a hospital.

"We inclose two acres of good land, light and dry, by a high and secure wall. Within this, and close to the east wall of the prison, we erect a building, extending to the east, and large enough to accommodate about thirty inmates, which is to be heated by steam and lighted by gas, both of which can be procured from supplies already existing on the premises. The cooking is to be done in the prison kitchen, and the inmates guarded, in part, by existing arrangements."*

The hospital is to be in the form of a modern prison—a double building—one within another. The outer is to be of brick or stone, perforated with numerous windows, which are to be sufficiently guarded with strong gratings. Within this outer house, or shell, is to be the inner building, or especial dwelling of the patients. "Its extreme length will be about one hundred and twelve feet, and its breadth seventeen feet and eight inches." "The rooms will be about the size of those in the Cottage in the Retreat at Hartford—eleven feet long, eight feet wide, and nine feet high." From the numerous windows in the outer wall the inner rooms can be made light and cheerful, and they will be "ventilated

* Extracted and condensed from the letter of Dr. E. K. Hunt, of Hartford, Ct., one of the Commissioners.

from the top by means of the most approved ventilators." Between the inner and the outer building, or shell, there is to be an area ten feet wide, running all around, and open from the ground-floor to the attic-floor, or the roof. The inner building is to be three stories high, and the rooms are to open into the surrounding area, and to be accessible by an iron balcony running in front of each story. The cells are to be guarded with iron doors, and these to be fastened with bolts, as in ordinary prisons. "The inmates are to have a comfortable bed, a nutritious and palatable diet, and to take as much exercise as their health will permit on the grounds—which are to be kept as a garden—and to take such and so much medicine as an intelligent physician deems needful."*

Probably this part of the establishment, being immediately connected with the prison, will be under the general charge of the prison officers, certainly under the prison physician ; and the general laws of the prison will be used for the government of the insane convicts.

This plan has many things to commend it—certainly it is better than to retain these patients in the prison with the other convicts. It is better for the honest and respectable patients that these should not be mingled with them. It will, therefore, and to this extent, be supported by those who have the charge of the prisons and the insane hospitals, and probably by the people at large—at least by those who have friends in the common asylums. It probably will meet with favor from legislatures, who have the responsibility of providing for criminals in every condition. Yet, as it is liable to grave objections, and it is worth while to examine it in all its bearings, before any others are committed to its adoption and practice, we here give the substance of the answer returned to the Connecticut Commissioners in respect to the plan proposed by them.

OBJECTIONS TO THE CONNECTICUT PLAN.

This class of patients are subject to the same law of disease that governs all others. They are liable to be disturbed, and their maladies may be increased or continued by the connection or association with the scenes and persons that surrounded them, or were familiar to them, before they were deranged. They, therefore, need to be removed, and be placed among such as are new and strange, and such as will not bring back or keep alive their delusions or morbid feelings.

* Ibid.

The insane convict was disturbed in mind, and lost his reason in the prison, amidst the few circumstances, tho narrow scenes, and limited company of that placo. These, and all the influences connected with or growing out of them, are less numerous than those which surround and affect the free man in the broad world, and the impression they make on the convict's mind must be intense in the inverse ratio of their numbers. There is, then, even a greater necessity that these patients should have a change of scenes and associates than those who become deranged at home, and in the midst of a wider society. He needs not only a change of place, but a change in the appearance and character of his dwelling. The hospital to which he is to be carried should not be merely another prison—a mere repetition of that which he leaves—alike in form, and structure, and arrangement. He should have something different from the inner building and outer shell, with the undivided area between,—some other than the narrow cells, with iron doors, and suspended balconies before them; for these he had before, and they are no change to him. Nor should his yard or exercising ground be inclosed with high, stone walls close upon him, for he looked on such when he labored in the prison.

The occupations of the convict are necessarily limited. They are mechanical, and not agricultural, and only a narrow range of handicrafts can be practiced in his home, and it is not safe to allow him to work abroad. All of these, like the scenes and persons, are deeply impressed upon the convict's mind, and should be exchanged for others when he becomes insane.

It is not sufficient, then, that the insane convict should be changed from one prison called by that name, to another called a hospital; but he should have a change in every thing—in place, form and resemblance of building, associates, employments, and general arrangement; and, more than all, in the manner of discipline.

THE CRIMINAL HOSPITAL MAY BE NEAR THE PRISON.

There may be no objection to placing this insane-convict hospital in the same town with the prison. Very few of the prisoners have lived or belong there. During the whole of their residence there, they have been confined within the walls of the prison or yard. They have no acquaintance with the streets or localities of the town; all its parts are as strange to them as other and distant towns; and, moreover, the hospital grounds are presumed to be surrounded by walls, or fences,

which the patients will not pass. To remove a patient from the prison in Auburn, Sing Sing, Weathersfield, Charlestown, or Philadelphia, to a hospital in another street in the same city, would be as decided a change of scene and circumstances, as the removal of ordinary lunatics from their homes in one county to the common hospital in another.

On the other hand, there may be some advantage in having the hospital within the reach of the prison physician, and perhaps under the charge of the same medical officer. There are some cases of insanity occurring in the prison, which, under the rigid discipline of the establishment, are not manifested with sufficient distinctness to be detected by the officers. When the Massachusetts commissioners, including two superintendents of hospitals, made their first examination of the mental condition of the convicts who might be supposed to be insane in the State Prison, they discovered several who had delusions, that had escaped the notice of the physician and other authorities of the institution. If the prison physician has charge also of the insane hospital, he will have a wider opportunity to investigate this disease; and this observation will give him a tact that will enable him to detect any mental aberration in its very beginning.

Life in the hospital is apparently easier and less restrained, certainly under less severity of discipline than that in the prison, and seems to offer more opportunities of escape. The prisoner is therefore inclined to look upon it with favor, as either in itself more desirable, or as more favorable to any plans he may entertain of going abroad. There are, then, strong inducements for the convict to feign insanity; and some do feign it with so much success as to elude the skill of the ordinary prison physician to detect the imposture. This is an additional reason for having the insane hospital for the convicts under the supervision of the same medical officer that attends the prison, and involves the necessity of having both of the establishments in the same town, or at least within the reach of the attending physician.

THE HOSPITAL SHOULD BE UNLIKE A PRISON.

Although these establishments may be in the same town, yet, otherwise, in their internal and external arrangements, in their whole life, administration, and discipline, they should differ from each other as widely as a common insane hospital does from a common dwelling; so that the insane convict should, in his new home, see as little as possible to remind him, or bring back the associations and feelings, of the old and

recent home from which he has been taken. On this account the convict's hospital should not be like his prison, but, as far as is consistent with security, like the hospitals designed for honest men. The diet, the manner of eating out of tin vessels in their solitary cells, which are, perhaps, sufficiently appropriate in the jails, should be avoided, and the guilty patients be allowed to gather around and eat at tables furnished with the ordinary utensils, plates, &c.; and, so far as may be, the common habits and manners, the usual courtesies of life, should be required of them.

The clothing, the prison uniform of many colors, which stamps on its wearer the revelation of his home, should be exchanged for other garments. It may not be necessary to clothe the patient in undistinguishable citizen's dress. It may be expedient to give him some form or style of raiment that will mark him as not a citizen of the world, by which he may be easily described and recognized if he should escape. Yet this need not be the counterpart of that which he and other convicts wear while undergoing punishment.

CRIMINALS SHOULD NOT BE ATTENDANTS.

There is a strong temptation to employ sane convicts to take care of the patients in prison. We know that this has been done in some instances. These attendants may be, and probably are, of the better sort of prisoners. They are the picked men of the establishment; the kindest, the most discreet, and the most reliable of their class. Yet they are convicts. They have been the associates, and perhaps the friends, of the patients. Certainly these are similar in character and manners, and in habits of thought, to those among whom they become diseased. The selection of these to attend upon and watch their insane fellows, does not permit the latter to enjoy through them that change of association which they need.

Beside this error in remedial management, there is a glaring and undeniable wrong in intrusting a person so helpless and unprotected as the insane, to the care of the dishonest and irresponsible convict. There are manifold ways in which the patient may be made to suffer, and his malady protracted or increased, by neglect or abuse on the part of those who have immediate charge of him. In all the relations in which these parties stand to each other, in every circumstance of their associated life, there are numberless and incessant opportunities occurring, wherein, by deed, by word, or by look, by attitude of body or by

expression of countenance, positive wrong may be inflicted upon the patient, or good and comfort may be withheld from him, and yet he cannot resist the one nor claim and obtain the other. His disease makes him powerless in himself, and his excited, unbalanced mind, and his demented state, deprive him of that confidence of the superior officers in his complaints, and that redress and protection which, in the same circumstances, would be granted to men in a healthier mental condition.

There are few cases where one man is more completely in the power of another, than an insane person in the hands of his attendant; perhaps, none where so much is trusted to the honor and the responsibility of the stronger party; and none where truth, faithfulness, and tenderness are so absolutely required. The convict's previous life and his present condition are but poor recommendations for this delicate and important post. If he violated the confidence of the broad world, and could not be depended upon among sane and honest men, where all eyes were looking upon him, and he had every motive for true and faithful action, certainly he cannot be considered a safe and reliable keeper of the melancholic or demented patient, who can not complain if he is injured or neglected; or of the maniac who may be violent, irritating, and provoking, but who will not be believed when he tells of his wrongs.

OCCUPATION.

The insane convict needs occupation as much as the other and more honest patients. He has been employed in the prison, mostly in some mechanic art or in hammering stone, and he now wants some agricultural labor—something to do on the land. This would require more extent of ground than is commonly connected with penitentiaries, and more than it is proposed to appropriate for this purpose at Weathersfield in Connecticut.

HOSPITAL MUST BE SECURE.

In all this diversity it is yet necessary that the hospital for the insane convict should be made strong, and in the buildings and in the yards it should have all the elements and the arrangements for security. In the number and character of the attendants, servants, and all that come in contact with the patients, or are employed about the establishment, the same idea should prevail; for it must not be forgotten that the patients

are criminals, and under sentence of punishment; that they are only transferred from the prison for a time, and are to be again returned to their close confinement as soon as their mental disorder shall be removed. They have, therefore, every inducement to break their present bonds; to feign disease, in the first place, in order to get into the hospital; or, if their malady be real, to feign such condition of weakness, or pain, or dementia, as will, at least, inspire confidence and disarm suspicion, and relax watchfulness, and leave the way more open for escape.

SHALL THE INSANE TRANSGRESSORS AND THE INSANE CONVICTS BE
TOGETHER IN THE HOSPITAL?

There yet arises the question, whether the other class of criminals, or dangerous insane, who have violated the law under the influence of their disorder, but are neither convicted nor condemned, shall be confined in the same hospital with the insane convicts, or with the honest and untainted patients. If these are of such character as Mr. Ley seems to suppose they are, in England,—if they have been leading lives almost criminal, petty thieves, brawlers, disturbers of the peace, keeping just clear of such overt acts as would bring them within the grasp of the officers of justice,—there can hardly be a doubt that they should be placed in the house with the more decidedly criminal patients.

Those, too, who are yet violent and dangerous, whose presence in the common hospital would be unsafe and terrifying to the inmates, and who require more than ordinary watchfulness and vigilance for their security, or who cannot be managed by the usual means and discipline, may be sent to the same institution.

But if they are such as are generally found here—persons of good character, and of harmless and inoffensive lives, until they become insane,—if their acts of violence and wrong, homicide, arson, theft, grew out of the disordered intellect, and indicate no more guilt than the perverseness of the struggling maniac,—and if they can be safely managed in a common institution—there is a doubt whether they should be confined and live in the hospital appropriated to the felons, and to associate with them there.

The sensibilities of the honest and innocent insane are keen, and are to be regarded; yet they have charitable feelings and just sentiments, like other persons; they are not so much offended with those who have

committed violence, without guilty intent, under the influence of disease, as they are with the willful convict, who can plead no mental disorder as an excuse for his crimes. Like others, they look rather at the character of the person than to the specific act.

Without attempting to settle this question by any fixed rule or law, it may very properly be left to the courts to determine, in each case, whether the insane transgressor of the law shall be sent to the convict's or to the other hospital. This decision would, of course, include the consideration of the history and the present condition of the patient, and the doubt, if there be any, as to the degree of innocence or guilty intent involved in the act.

NO STATE ALONE CAN PROVIDE CRIMINAL HOSPITAL.

We have no means of knowing how many of these patients of either class there are in any of our states. According to the official reports, there were in the prisons and jails, and the receptacles connected with them in Massachusetts, one hundred and sixty-seven insane persons in 1854, and one hundred and sixty-nine in 1855. But neither the record nor the reports show how many of these were convicts, or in any way transgressors of the law. It is certain that some, and it is probable that most, of these were not criminal, but were merely state paupers, and were kept there for the want of better homes. Some were houseless wanderers, strolling over the country without purpose or occupation, vagabonds in the eye of the law, and sent to these prisons for better custody or guardianship. We have still less information as to the actual numbers of the criminal and convict insane in other states. Yet we think we are safe in saying that not even New York can furnish enough of these patients to fill a small hospital.

It is plain, then, that none of the American States can properly provide a hospital for the convict insane: nor can our national government establish one or more central hospitals for this class, as it is proposed in Great Britain; for its authority does not allow it to make such provision for the general accommodation of the members of the confederacy.

THE HOSPITAL MAY BE PROVIDED BY ASSOCIATION OF STATES.

Although this cannot be accomplished by the concentrated authority and power of the nation, yet it may, perhaps, be done by the union and co-operation of several of the states for this purpose. By this arrangement a sufficient number of patients of this class could be gathered to

fill a hospital, and each state could contribute to the cost of creating and supporting the establishment in proportion to the number of patients which it should keep there. In this case the hospital would be the common property, and governed by the common authority of the several parties who may be thus associated together.

Another plan suggests itself, which may meet with more favor, because it has been and is tried successfully, for parallel purposes, in several instances here. Any state may build such an institution for its own patients, and for those of other and neighboring states, receiving, by agreement, a suitable compensation, or a due proportion of the cost. This plan is found to work well in the Asylum for the Deaf and Dumb at Hartford, in Connecticut, which opens its doors to these speechless children in all New England, and in the other states. The Blind Asylum at Boston extends its favors to the North-Eastern and some of the Southern and Western States. The Idiot School of Massachusetts receives any imperfect children that may be sent to it from every part of the nation. Similar institutions are in other states, and extend their blessings to, and receive a good portion of their support from, commonwealths beyond their own borders.

None of these establishments could be well filled as they now are, and receive their adequate support, or sustain their present full and efficient corps of officers and attendants, or carry on their operations with so much success and usefulness, even to the children of their own state, if they had not this co-operation from abroad.

PROPOSED DISTRICTS OR ASSOCIATIONS OF STATES.

This principle, so well exemplified in the practice and success of these institutions, could be very advantageously applied to the management of the convict and criminal insane. Suppose that New England and New York, with a population of about 6,675,000, at the present time, should combine for this purpose. They would furnish patients enough of these classes to fill a small hospital, and give occupation to a proper set of officers and guardians. And if New Jersey and Eastern Pennsylvania should be included, as they may be, in this association, there would be an ample supply of subjects for the operations of the establishment.

The states of Delaware, Maryland, Virginia, the Carolinas, Georgia, and Florida could form another combination; Western Pennsylvania, Ohio, Indiana, Illinois, Michigan, Wisconsin, Iowa, Missouri, and Ken-

tucky, a third; and all the South-West the fourth district; each of which should have a hospital in common for their criminal and convict insane.

Of course the hospital for each of these districts would be placed in some central town or city, and on some great thoroughfare, river, or railroad, so as to be as accessible as possible to all. If New England alone should combine for this purpose, the neighborhood of Boston would be the most central for all. If this combination should include New York, some point on the Connecticut River between Northampton and Hartford—probably Springfield would be a nearer central point. If New Jersey and Eastern Pennsylvania should be included, Hartford would be the most convenient. For the North-Western district, Indianapolis; for the South-West, perhaps Vicksburg; and for the South-Eastern district, Raleigh, would probably be the most convenient and accessible points for the travel from all their parts.

OBSTACLES—EXTENT OF TERRITORY AND TRAVEL.

The wide extent of these districts, the sparseness of the population in our country, and especially in the Southern States, present a very natural objection on account of the distances—and in some districts, the very great distances over which it will be necessary to carry the patients from their homes to the central hospital. This is an important consideration, and should have its due weight.

The extent of the territory from which patients are to be drawn, and the distances of travel required of them, should never be overlooked in the establishment of an ordinary hospital for the insane. The friends and responsible guardians of the patients will, and do, carry them more easily and readily to a hospital that is near than to one that is afar off. More of those that become deranged have been and will be taken from the neighboring than from the remote districts to the place of healing or custody. Consequently, a larger proportion of these patients will be kept at home, and allowed to become permanently diseased, in the distant parts of the territory to which the doors of the hospital are opened, than in those which are in its vicinity. The advantages of a hospital, therefore, are distributed to, and enjoyed by, the people to whom they are offered in some proportion to their nearness to it, and in inverse proportion to the length of travel, and the labor and difficulty of transporting their insane friends or wards. This principle.

already clearly established in this and other journals, needs no farther demonstration here.

DISTANCE OF TRAVEL LESS OBJECTIONABLE FOR THE CONVICT THAN
FOR OTHER INSANE.

Notwithstanding the truth of this principle and the force of this objection to the creation of a general insane hospital for the use of people of a wide extent of territory, yet, a careful examination of the circumstances and condition of the criminal and convict patients, and of the hospital which it is proposed to establish for their exclusive use, will show that this objection of distance weighs less with them than with ordinary patients, and the difficulty which is real with the former may be obviated in regard to the latter.

The obstacle of distance, and the objection to traveling over long journeys with an insane man or woman to reach a hospital, do not lie with the patients themselves, for they are not usually consulted; but the difficulty is in the minds of the friends or others who have charge of them, and who must assume the responsibility of taking them from their homes to the place of healing or custody. These friends find it no easy task to watch and care for them at their homes, where they have appliances of restraint, and the co-operation and sympathy of friends and neighbors, if they are needed; and they very naturally dread the labor and anxiety of carrying them on a journey of many miles, surrounded by strangers only, in public conveyances, or alone in private carriages. They too frequently shrink from this unwelcome undertaking, and in their fear of untried difficulties on the way, they keep the patients at home, and deprive them of the only opportunity of restoration.

But the criminal and the convict insane are found in the hands of the public officers, who are used to managing rebellious, and even dangerous subjects. They have no fear of consequences in connection with these patients, whether at their prisons or while traveling abroad. In the performance of their ordinary duty they have no volition, no choice. It is for them to obey the command of the courts, or other authorities, to whom the law commits the jurisdiction of these troublesome or guilty madmen. They are not to entertain a doubt whether they will take one from the prison to the hospital, when so ordered by the powers above them.

Moreover, these patients are very difficult to manage in the jail: they interfere with the discipline, and are burdensome to the general

administration of the establishment. Their keepers would gladly undertake the labor and the responsibility of traveling with and guarding them in public or in private conveyances, through even long journeys of several days, rather than have the care of them in their prisons for months or years, as they otherwise must.

In measuring this distance of travel for the criminal and convict patients, it must be remembered that, when they come under the cognizance of the law, and the special authority which is to decide their present destination, they are not at their natural homes, but in some place of custody. The convicts are in the state prisons or penitentiaries, which are usually in the centres, or at some central points, in the various states. The guiltless but insane transgressors of the law are at first apprehended by the legal officers and carried to some prison for public security, at least, and there they await the decisions of the courts. The former class—the convicts—will constitute the great majority, perhaps the whole of the inmates, of the proposed hospital. They will be obliged to travel only from their state centres, or central points, to reach their appropriate institution. The other class will travel from the centres of their counties.

If the New England States alone should be associated for this purpose, then the distance from the centre, at or near Boston, to the several state prisons, would be, to Concord, N. H., 70 miles; Thomaston, Maine, 193 miles; Windsor, Vt., 138 miles; Providence, R. I., 40 miles; and Weathersfield, Ct., 130. If New York, New Jersey, and Eastern Pennsylvania should be included in this same association, the central hospital would be at Hartford, Ct. This would be 319 miles from the state prison in Thomaston, Me.; 160 miles from that at Concord, N. H.; 136 from Windsor, Vt.; 126 from Charlestown, Mass.; 90 miles from Providence, R. I.; 112 miles from New York City; 145 miles from Sing Sing, N. Y.; 300 miles from Auburn, N. Y.; 346 from Clinton, N. Y.; 167 from Trenton, N. J.; and 202 from Philadelphia.

These distances are not much greater than some of the patients in each of these several states are obliged to travel from their homes in the remotest districts, in order to reach their own hospital; and, with the guardianship of experienced public officers, they may be overcome without difficulty, especially as all of these journeys can be accomplished by railroad or steamboat, except, perhaps, some part of the way from the Clinton prison, N. Y.

In the North-Western District, including Western Pennsylvania, Kentucky, and all the States North and West of these, Indianapolis, Ia., the probable centre, can be reached from all, or nearly all of the great public prisons by railroad and by steamboat; and although these distances are greater than those in the North-Eastern District, yet they bear about the same proportion to the distances which both the sane and the insane in those states are used, and are obliged to travel, on their ordinary business, or for the purposes of health, and they can be overcome. In both of the Southern Districts, the distances are much greater than those of the Northern, and the facilities of travel are less abundant. These may be fatal to the adoption of the plan there, at least, until the facilities of travel shall be increased, or the population multiplied, so that a smaller territory will fill a hospital with patients.

There may be other and better methods of districting the country than this which has here been sketched out. We do not propose this as the only one that can be adopted, in order to carry out this plan of managing the criminal and convict insane. We suggest this rather to show how the principle may be put into practical operation, and to invite the attention of such as are interested in, or are connected with this whole subject, to its careful consideration.

Perhaps smaller districts than those herein proposed may be more easily adopted. This will depend, in great measure, on the number of the proper patients that may be found within the several states; for, as yet, this is but a matter of estimate, and not of any reliable enumeration. Certainly, if this or any other division be adopted, and there are enough in each district to fill an establishment, it will be necessary to reduce the size of the districts and to build more hospitals, when the population shall be much increased and the patients multiplied. This is what is done for the other insane; and also for other charities, for schools, and for prisons; and our people will be willing to do it for these, who, from their social positions, seem to have the least claim upon the public sympathy, but for whom provision, in some way or other, must be made.

WHO SHALL PROVIDE AND CONTROL THE HOSPITALS ?

If this plan of central hospitals for the criminal and convict insane shall be adopted, still the question arises, Who shall build them? Who shall have the management and the control of them?

The several states associated in one district may build it, each con-

tributing to the payment of its cost in due proportion, and to the annual maintenance in ratio of the number of patients that it may have in the institution; and its administration may be committed to a board of trustees, in which each state shall have a due measure of influence.

The state in which the hospital shall be created may build and manage it, and take the patients from the associated states, charging them their proportion of the expense of maintenance.

A corporation under the authority of the central state may build and control it, and take the patients from all the states in the association, at a proper charge for their care and attention.

The last plan is adopted by several institutions for the blind, deaf and dumb, and idiotic, in various states; and their success is an encouragement to those who would provide for the criminal and convict insane.

We have thus presented this subject with all the difficulties which beset it on every side, and all the plans of relief, which are not without objections. But as something must be done with these patients, and as every plan hitherto tried for their management has been condemned as wrong to them, or injurious to others, we offer this, of a central hospital for associated states, for the exclusive use of their criminal and convict insane, as one that will be altogether advantageous to them and inflict no evil whatever on other patients or convicts. We are not sanguine in our expectations that this plan will meet with immediate favor from those who have power to give it concrete form and life. However desirable and practicable it may be, we have no confidence that even the North-Eastern States, where the circumstances are the most favorable to its adoption, will be in any haste to try the experiment of a system so new and so different from their previous experience.

Yet, knowing that the evil to be remedied is already great, and is growing greater year by year, and will ere long become so oppressive as to compel relief, in some way or other, to be granted,—knowing that those who have any thing to do with these patients, whether in prisons, or hospitals, or elsewhere, universally complain of the burden,—and believing that they will become more and more earnest, and even imperious, in their demands for a new policy in this matter, we offer this plan, as the best that has been yet devised, for the serious and early consideration of psychologists and philanthropists, of political economists and statesmen, of those who are interested in or have the care of this class of patients, and those who have the responsibility of providing for them.

If, then, this system be the true one,—if it will meet the wants of the criminal and convict insane, and do no harm to others,—an enlightened public opinion will compel its ultimate adoption. If it be not such,—if it cannot accomplish the end proposed, or if it be manifestly impracticable,—then it will claim no farther consideration than as a means of opening the way for the active intelligence and earnest philanthropy, now enlisted in this cause, to devise a better and more feasible one that will relieve our hospitals and prisons of these guilty and offensive patients, and yet provide for them such means of cure and custody as humanity requires and justice will allow.

Ref. 3-14703

CRIMINAL INSANE :

INSANE TRANSGRESSORS AND INSANE CONVICTS.



NATIONAL LIBRARY OF MEDICINE



NLM 02984440 5